



U.S. SENATOR CHUCK GRASSLEY
Constituent Service Request Form
*To authorize Senator Grassley or a member of his staff
to communicate with a federal agency on your behalf
complete this form and return it to the office closest to you.*



Petitioner or Applicant: _____

Address: _____

City: _____ **Zip:** _____

Country of Birth: _____ **Date of Birth:** _____ **A#:** _____

Phone: _____ **Email:** _____

Beneficiary (if applicable): _____

Country of Birth: _____ **Date of Birth:** _____ **A#:** _____

Phone: _____ **Email:** _____

STATEMENT OF PROBLEM – in detail

Please feel free to use additional sheets, if necessary

Receipt/Case #: _____ **Form Type:** _____

CONSENT FOR RELEASE OF PERSONAL RECORD INFORMATION

The Privacy Act of 1974 generally prohibits applicable Government agencies from revealing particular information from personal files of individuals without the express permission of the person involved. Disclosure of personal records to a Senator who is acting on behalf of a constituent may be prohibited, unless the individual to whom the record pertains has consented.

I, the undersigned, hereby authorize Senator Charles E. Grassley and anyone on his staff to receive information in my file in connection with his inquiry on my behalf.

I certify that the information I have provided to Senator Grassley and his staff is true and accurate to the best of my knowledge and belief.

Petitioner/Applicant Signature: _____ **Date:** _____

Beneficiary Signature: _____ **Date:** _____
 (if applicable)

Petitioner or Applicant: _____

Third Party Disclosure (optional):

I hereby authorize Senator Charles Grassley and his staff to discuss or otherwise disclose information in connection with this matter with the following individual(s) on my behalf: _____

Petitioner/Applicant Signature: _____